

	Type	L #	Hits	Search Text	Dbs	Time Stamp	Comments	Error Definition	Error
1	BRS	L1	3120	replacement adj therapy	USPAT; US-PGPUB; EPO; JPO; DERWENT	2002/07/02 16:50			0
2	BRS	L2	5314	(human adj growth adj hormone) or hgh	USPAT; US-PGPUB; EPO; JPO; DERWENT	2002/07/02 16:51			0
3	BRS	L3	16	1 same 2	USPAT; US-PGPUB; EPO; JPO; DERWENT	2002/07/02 16:51			0
4	BRS	L4	0	((human adj growth adj hormone) or hgh) same (replensh or replenshing)	USPAT; US-PGPUB; EPO; JPO; DERWENT	2002/07/02 17:11			0
5	BRS	L5	132	((human adj growth adj hormone) or hgh) same replacement	USPAT; US-PGPUB; EPO; JPO; DERWENT	2002/07/02 17:11			0
6	BRS	L6	1	((((human adj growth adj hormone) or hgh) same replacement) same recombinant) same dose	USPAT; US-PGPUB; EPO; JPO; DERWENT	2002/07/02 17:12			0
7	BRS	L7	19300	microsphere	USPAT; US-PGPUB; EPO; JPO; DERWENT	2002/07/02 17:14			0
8	BRS	L8	51	((human adj growth adj hormone) or hgh) same microsphere	USPAT; US-PGPUB; EPO; JPO; DERWENT	2002/07/02 17:14			0
9	BRS	L9	0	1 same 8	USPAT; US-PGPUB; EPO; JPO; DERWENT	2002/07/02 17:14			0

=> d his

(FILE 'HOME' ENTERED AT 17:17:25 ON 02 JUL 2002)

FILE 'MEDLINE, CAPLUS, BIOSIS, EMBASE, SCISEARCH, AGRICOLA'
ENTERED AT

17:18:01 ON 02 JUL 2002

L1 36627 S (HUMAN GROWTH HORMONE) OR HGH
L2 92997 S (REPLACEMENT THERAPY) OR REPLENISH?
L3 456 S L1 (P) L2
L4 122 S L3 (P) DOSE
L5 37 S L4 (P) DAILY
L6 12 DUPLICATE REMOVE L5 (25 DUPLICATES REMOVED)
L7 75372 S MICROSPHERE
L8 144 S L1 (P) L7
L9 0 S L8 (P) L2

=> log y

FILE 'HOME' ENTERED AT 17:17:25 ON 02 JUL 2002

=> file medline caplus biosis embase scisearch agricola

COST IN U.S. DOLLARS

SINCE FILE

TOTAL

ENTRY

SESSION

FULL ESTIMATED COST

0.21

0.21

FILE 'MEDLINE' ENTERED AT 17:18:01 ON 02 JUL 2002

FILE 'CAPLUS' ENTERED AT 17:18:01 ON 02 JUL 2002

USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.

PLEASE SEE "HELP USAGETERMS" FOR DETAILS.

COPYRIGHT (C) 2002 AMERICAN CHEMICAL SOCIETY (ACS)

FILE 'BIOSIS' ENTERED AT 17:18:01 ON 02 JUL 2002

COPYRIGHT (C) 2002 BIOLOGICAL ABSTRACTS INC. (R)

FILE 'EMBASE' ENTERED AT 17:18:01 ON 02 JUL 2002

COPYRIGHT (C) 2002 Elsevier Science B.V. All rights reserved.

FILE 'SCISEARCH' ENTERED AT 17:18:01 ON 02 JUL 2002

COPYRIGHT (C) 2002 Institute for Scientific Information (ISI) (R)

FILE 'AGRICOLA' ENTERED AT 17:18:01 ON 02 JUL 2002

=> s (human growth hormone) or hgh

4 FILES SEARCHED...

L1 36627 (HUMAN GROWTH HORMONE) OR HGH

=> s (replacement therapy) or replenish?

L2 92997 (REPLACEMENT THERAPY) OR REPLENISH?

=> s l1 (p) l2

L3 456 L1 (P) L2

=> s l3 (p) dose

L4 122 L3 (P) DOSE

=> s l4 (p) daily

L5 37 L4 (P) DAILY

=> duplicate remove l5

DUPLICATE PREFERENCE IS 'MEDLINE, CAPLUS, BIOSIS, EMBASE, SCISEARCH'

KEEP DUPLICATES FROM MORE THAN ONE FILE? Y/(N):n

PROCESSING COMPLETED FOR L5

L6 12 DUPLICATE REMOVE L5 (25 DUPLICATES REMOVED)

=> d l6 1-12 ibib abs

L6 ANSWER 1 OF 12

MEDLINE

DUPLICATE 1

ACCESSION NUMBER: 1998412518 MEDLINE

DOCUMENT NUMBER: 98412518 PubMed ID: 9741487

TITLE: Periodic growth in rats.

AUTHOR: Rol de Lama M A; Perez-Romero A; Ariznavarreta M C;
Hermanussen M; Tresguerres J A

CORPORATE SOURCE: Medical School, University Complutense, Madrid, Spain.

SOURCE: ANNALS OF HUMAN BIOLOGY, (1998 Sep-Oct) 25 (5) 441-51.

Journal code: 0404024. ISSN: 0301-4460.

PUB. COUNTRY: ENGLAND: United Kingdom

Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 199901

ENTRY DATE: Entered STN: 19990202

Last Updated on STN: 19990202

Entered Medline: 19990115

AB Microknemometry, a novel non-invasive technique, allows the accurate measurements of the lower leg length in the conscious rat, not only

daily but even in periods smaller than 24 hours. Its use revealed the presence of nonlinear growth increments (mini-growth spurts) with periods between 4 and 5 days, that presented a gradual decline in

amplitude when the animals were getting older, and a maximal growth rate between 0600h and 0900h. A sexual dimorphic growth pattern could be established with females growing less and presenting spurts of lower amplitude and smaller duration than males. High ***doses*** of recombinant ***human*** ***Growth*** ***Hormone*** (rhGH) stimulated growth velocity in female rates, but did not show any effect on males. Neonatal Monosodium Glutamate (MSG) treatment reduced growth both in males and females. Growth hormone (GH) ***replacement*** ***therapy*** in MSG treated animals was capable of increasing growth velocity, from day 30 onwards. The recovery was partial in males and complete in females. In intact male rats growth blockade induced by fasting was not followed by a catch up effect after refeeding, although growth velocity tended to increase and a clear catch up effect on weight was detected. Male rats seemed to grow at a maximal speed over at least the first 60 days of life, that cannot be accelerated with GH treatment, whereas female rats did respond to exogenous GH.

L6 ANSWER 2 OF 12 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.

ACCESSION NUMBER: 1997:356620 BIOSIS

DOCUMENT NUMBER: PREV199799663023

TITLE: Growth hormone treatment for growth hormone deficient adults.

AUTHOR(S): Clark, W. (1); Kendall, M. J.

CORPORATE SOURCE: (1) Dep. Med. Management, Keele Univ., Keele, Staffordshire ST5 5BG UK

SOURCE: Journal of Clinical Pharmacy and Therapeutics, (1997) Vol. 21, No. 6, pp. 367-372.
ISSN: 0269-4727.

DOCUMENT TYPE: Journal; Article

LANGUAGE: English

AB Growth hormone (GH) deficiency in adults is now recognized as a clinical syndrome with characteristic signs and symptoms. Numerous trials with ***daily*** subcutaneous biosynthetic ***human*** ***growth*** ***hormone*** (***hGH***) have been conducted in this patient group. Generally, improvements in insulin-like growth factor levels, decreases in total fat mass and increases in lean body mass are recorded with no overall effect on total body weight. Variable effects on serum cholesterol, bone mineral density and quality of life have also been reported. The true place of GH ***replacement*** ***therapy*** in adults has yet to be defined. Several questions relating to the ***dose***, duration of treatment, long-term side-effects, quality of life changes and health economic implications of treatment still need to be assessed.

L6 ANSWER 3 OF 12 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.DUPLICATE
2

ACCESSION NUMBER: 1997:356635 BIOSIS

DOCUMENT NUMBER: PREV199799663038

TITLE: Effects of growth hormone replacement therapy on glucose metabolism are due to changes of body composition.

AUTHOR(S): Feldmeier, Horst O. (1); Nass, Ralf M.; Landgraf, Ruediger; Strasburger, Christian J.

CORPORATE SOURCE: (1) Endokrinologische Abteilung, Med. Klinik, Klinikum Innenstadt, Ziemssenstrasse 1, 80366 Muenchen Germany

SOURCE: Journal of Pediatric Endocrinology & Metabolism, (1997) Vol. 10, No. SUPPL. 1, pp. 151-159.

DOCUMENT TYPE: Article

LANGUAGE: English

AB The effects of 32 months ***replacement*** ***therapy*** with recombinant ***human*** ***growth*** ***hormone*** (***hGH***) on glucose metabolism and body composition were investigated in 14 non diabetic, obese adult patients out of 21 patients with adult onset GH deficiency who were treated in this clinical trial. The ***daily*** ***hGH*** ***dose*** (12.5 pig/kg body weight) was self administered subcutaneously. Oral glucose tolerance tests (OGTT) and measurement of IGF-I and HbA-1c were performed at the start and after 6, 18 and 32 months of ***hGH*** ***replacement*** ***therapy***. Body composition was evaluated by potassium-40 measurement at the start of the study, and after 6 and 18 months. For statistical analysis the Wilcoxon signed rank test and a linear, simple regression analysis were performed; the results are given as mean +- SE. ***hGH*** replacement significantly increased IGF-I levels (70.5+-9.5 ng/ml vs 264.7 +- 27.6

ng/ml; p lt 0.002). There was a positive correlation between the
 hGH and the IGF-I levels (R =0.62, p lt 0.0001).
 The HbA-1c levels significantly and constantly decreased during the 18 and
 32 months of growth hormone replacement (5.4 +- 0.1 vs 4.7 +- 0.1%; p lt
 0.002). The area under the curve (AUC) of the insulin values during the
 OGTT decreased significantly after 18 and 32 months of ***hGH***
 replacement (16.0 +- 3.6 vs 10.6 +- 1.9 U/ml times 120 min and 12.2+-2
 U/ml times 120 min; p lt 0.05). The lean body mass increased (49.7 +- 7.1
 vs 53.7 +- 7.8 kg; p lt 0.002) and the fat mass significantly decreased
 (39.0 +- 11.2 vs 35.4 +- 9.2 kg; p lt 0.002) during 18 months of
 hGH replacement. We observed a positive correlation between the
 AUC of the insulin values and the fat mass (R=0.5; p lt 0.001).
 hGH replacement induces an initial insulin antagonistic effect,
 followed by an apparent improvement in glucose utilization resulting from
 a decrease of fat mass and increase of lean body mass.

L6 ANSWER 4 OF 12 MEDLINE DUPLICATE 3

ACCESSION NUMBER: 97345195 MEDLINE
 DOCUMENT NUMBER: 97345195 PubMed ID: 9201562
 TITLE: Growth hormone treatment for growth hormone deficient
 adults.
 AUTHOR: Clark W; Kendall M J
 CORPORATE SOURCE: Department of Medicines Management, Keele University, U.K.
 SOURCE: JOURNAL OF CLINICAL PHARMACY AND THERAPEUTICS, (1996 Dec)
 21 (6) 367-72. Ref: 24
 Journal code: 8704308. ISSN: 0269-4727.
 PUB. COUNTRY: ENGLAND: United Kingdom
 Journal; Article; (JOURNAL ARTICLE)
 General Review; (REVIEW)
 (REVIEW, TUTORIAL)
 LANGUAGE: English
 FILE SEGMENT: Priority Journals
 ENTRY MONTH: 199708
 ENTRY DATE: Entered STN: 19970813
 Last Updated on STN: 19970813
 Entered Medline: 19970801

AB Growth hormone (GH) deficiency in adults is now recognized as a clinical
 syndrome with characteristic signs and symptoms. Numerous trials with
 daily subcutaneous biosynthetic ***human*** ***growth***
 hormone (***hGH***) have been conducted in this patient group.
 Generally, improvements in insulin-like growth factor levels, decreases in
 total fat mass and increases in lean body mass are recorded with no
 overall effect on total body weight. Variable effects on serum
 cholesterol, bone mineral density and quality of life have also been
 reported. The true place of GH ***replacement*** ***therapy*** in
 adults has yet to be defined. Several questions relating to the
 dose, duration of treatment, long-term side-effects, quality of
 life changes and health economic implications of treatment still need to
 be assessed.

L6 ANSWER 5 OF 12 MEDLINE DUPLICATE 4

ACCESSION NUMBER: 95155540 MEDLINE
 DOCUMENT NUMBER: 95155540 PubMed ID: 7852519
 TITLE: Effect of growth hormone (hGH) replacement therapy on
 physical work capacity and cardiac and pulmonary function
 in patients with hGH deficiency acquired in adulthood.
 AUTHOR: Nass R; Huber R M; Klauss V; Muller O A; Schopohl J;
 Strasburger C J
 CORPORATE SOURCE: Medical Clinic, Innenstadt University Hospital,
 Ludwig-Maximilians-Universitat, Munich, Germany.
 SOURCE: JOURNAL OF CLINICAL ENDOCRINOLOGY AND METABOLISM, (1995
 Feb) 80 (2) 552-7.
 Journal code: 0375362. ISSN: 0021-972X.
 PUB. COUNTRY: United States
 (CLINICAL TRIAL)
 Journal; Article; (JOURNAL ARTICLE)
 (RANDOMIZED CONTROLLED TRIAL)
 LANGUAGE: English
 FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
 ENTRY MONTH: 199503
 ENTRY DATE: Entered STN: 19950322
 Last Updated on STN: 19950322

Entered Medline: 19950310

AB The effects of 6 months of ***replacement*** ***therapy*** with recombinant human GH (***hGH***) on physical work capacity and cardiac structure and function were investigated in 20 patients with ***hGH*** deficiency of adult onset in a double blind, placebo-controlled trial. The GH ***dose*** of 12.5 micrograms/kg BW was self-administered ***daily*** sc. Oxygen consumption (VO₂), CO₂ production, and ventilatory volumes were measured during exercise on a bicycle spirometer. M-Mode echocardiography was performed using standard techniques. The VO₂ max data, expressed per kg BW (mL/min.kg BW) showed a significant increase from 23.2 +/- 2.4 to 30.0 +/- 2.3 (P < 0.01) in the ***hGH*** -treated group, whereas the VO₂ max data, expressed per lean body mass (milliliters per min/kg lean body mass) did not change significantly in either group. Maximal O₂ pulse (milliliters per beat) increased significantly from 15.2 +/- 5.6 to 19.6 +/- 3.3 mL/beat (P < 0.01), but remained constant in the placebo group. The maximal power output (watts +/- SE) increased significantly (P < 0.01) from 192.5 +/- 13.5 to 227.5 +/- 11.5 in the ***hGH*** -treated group, but remained constant in the placebo group. Cardiac structure (left ventricular posterior wall, interventricular septum thickness, left ventricular mass, left ventricular end-systolic dimension, and left ventricular end-diastolic dimension) as well as echocardiographically assessed cardiac function did not change significantly after 6 months of treatment in either group. We conclude that ***hGH*** replacement in ***hGH*** -deficient adults improves oxygen uptake and exercise capacity. These improvements in pulmonary parameters might be due to an increase in respiratory muscle strength and partly to the changes in muscle volume per se observed during ***hGH*** ***replacement*** ***therapy*** . Furthermore, an increased cardiac output might contribute to the improvement in exercise performance during ***hGH*** treatment. According to our data, ***hGH*** ***replacement*** ***therapy*** leads to an improvement of exercise capacity and maximal oxygen uptake, but has no significant effect on cardiac structure.

L6 ANSWER 6 OF 12 MEDLINE DUPLICATE 5
ACCESSION NUMBER: 95131154 MEDLINE
DOCUMENT NUMBER: 95131154 PubMed ID: 7830028
TITLE: Cardiovascular effects of prolonged growth hormone replacement in adults.
AUTHOR: Beshyah S A; Shahi M; Foale R; Johnston D G
CORPORATE SOURCE: Unit of Metabolic Medicine, St Mary's Hospital and Medical School, London, UK.
SOURCE: JOURNAL OF INTERNAL MEDICINE, (1995 Jan) 237 (1) 35-42.
Journal code: 8904841. ISSN: 0954-6820.
PUB. COUNTRY: ENGLAND: United Kingdom
(CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199502
ENTRY DATE: Entered STN: 19950307
Last Updated on STN: 19950307
Entered Medline: 19950222

AB OBJECTIVES. To study the cardiovascular effects of ***human*** ***growth*** ***hormone*** (GH) ***replacement*** ***therapy*** in adults. INTERVENTION. Biosynthetic human GH given in a ***daily*** ***dose*** of 0.04 +/- 0.01 IU kg⁻¹ for 6-18 months in an open trial. PATIENTS. Thirty-four GH-deficient hypopituitary patients on conventional ***replacement*** ***therapy*** , aged 19-67 years and with a body mass index of 18.0-410.0 kg/m². MEASUREMENTS. Resting blood pressure, exercise tolerance, renal function and routine blood counts were assessed every 6 months. Two-dimensional echocardiography and Doppler ultrasound scanning were performed at 0, 6 and 12 months of GH therapy. RESULTS. Exercise time increased significantly on GH from 9.37 +/- 2.64 min at the start to 10.39 +/- 2.86 min (P < 0.001), 10.90 +/- 2.48 min (P < 0.001) and 11.11 +/- 0.70 min (P < 0.001) at 6, 12 and 18 months respectively. There was no change in the heart rate or in the blood pressure at rest nor at the peak of exercise. No significant changes were observed in measures of cardiac structure (left ventricular mass index, left ventricular posterior wall thickness and interventricular septal thickness), ejection fraction nor in cardiac output. Isovolumic relaxation time, a marker of diastolic function, decreased in 24 patients after 6

months on GH (from 98.6 +/- 15.9 to 89.6 +/- 15.2 ms; P < 0.03) but it was not different from baseline in the 18 patients who were restudied at 12 months. There was no significant change in the left ventricular filling neither at 6 nor at 12 months. No significant changes were observed in plasma electrolytes, creatinine nor in blood count on GH treatment.

CONCLUSIONS. Growth hormone ***replacement*** ***therapy*** in hypopituitary adults for 6-18 months produced sustained increase in exercise tolerance but was not associated with changes in cardiac structure or systolic function.

L6 ANSWER 7 OF 12 MEDLINE DUPLICATE 6

ACCESSION NUMBER: 94236209 MEDLINE

DOCUMENT NUMBER: 94236209 PubMed ID: 8180671

TITLE: Cardiovascular effects of growth hormone replacement therapy in hypopituitary adults.

AUTHOR: Beshyah S A; Shahi M; Skinner E; Sharp P; Foale R; Johnston D G

CORPORATE SOURCE: Unit of Metabolic Medicine, St Mary's Hospital and Medical School, London, UK.

SOURCE: EUROPEAN JOURNAL OF ENDOCRINOLOGY, (1994 May) 130 (5) 451-8.
Journal code: 9423848. ISSN: 0804-4643.

PUB. COUNTRY: Norway
(CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 199406

ENTRY DATE: Entered STN: 19940621
Last Updated on STN: 19940621
Entered Medline: 19940616

AB In the present study the effects of replacement with biosynthetic ***human*** ***growth*** ***hormone*** (GH) in a large group of hypopituitary adults on cardiac structure and function were investigated. Thirty-six GH-deficient, hypopituitary patients (17 males and 19 females; aged 19-67 years) on conventional ***replacement*** ***therapy*** without GH were studied. Twenty-nine of the patients had acquired hypopituitarism in adult life, mainly due to pituitary tumours. The design of the study was a prospective, randomized, double-blind placebo-controlled trial for 6 months. Growth hormone (17 patients) was given in a ***daily*** ***dose*** of 0.02-0.05 IU/kg body wt sc (or a placebo, 19 patients) according to the patients' tolerance. Other pituitary replacement treatment was unchanged. Resting and exercise electrocardiography using the Bruce protocol, two-dimensional echocardiography, Doppler ultrasound scanning and serum insulin-like growth factor I (IGF-I) were assessed at 0 and 6 months. Resting blood pressure was measured at 0, 1, 3 and 6 months. Serum IGF-I increased significantly on GH treatment (mean +/- SD) GH: 293 +/- 197 vs placebo: 82 +/- 40 micrograms/l; p < 0.0001 at 6 months). Exercise time increased significantly on GH but not on placebo (GH: 8.45 +/- 3.16 to 9.38 +/- 2.42 min.sec, p < 0.01; placebo 9.08 +/- 4.35 to 9.50 +/- 4.14 min.sec, NS), although the change was not significantly different between the two. There was no change in the heart rate or the blood pressure either at rest or at the peak of exercise. (ABSTRACT TRUNCATED AT 250 WORDS)

L6 ANSWER 8 OF 12 MEDLINE DUPLICATE 7

ACCESSION NUMBER: 91193645 MEDLINE

DOCUMENT NUMBER: 91193645 PubMed ID: 2013748

TITLE: Evidence for the role of the secretory pattern of growth hormone in the regulation of serum concentrations of cholesterol and apolipoprotein E in rats.

AUTHOR: Oscarsson J; Carlsson L M; Bick T; Lidell A; Olofsson S O; Eden S

CORPORATE SOURCE: Department of Physiology, University of Goteborg, Sweden.

SOURCE: JOURNAL OF ENDOCRINOLOGY, (1991 Mar) 128 (3) 433-8.
Journal code: 0375363. ISSN: 0022-0795.

PUB. COUNTRY: ENGLAND: United Kingdom
Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 199105

ENTRY DATE: Entered STN: 19910602
Last Updated STN: 19910602
Entered Medline: 19910515

AB Adult male Sprague-Dawley rats were hypophysectomized and connected to an automatic i.v. infusion system. The same ***daily*** ***dose*** of human GH (***hGH***) was given either as eight ***daily*** pulses (3-h intervals) to mimic the male specific secretory pattern of GH or as a continuous infusion of GH, to mimic the female secretory pattern. Hypophysectomized rats received i.v. ***replacement*** ***therapy*** with L-thyroxine and cortisol. The rats were treated for 5 days. The serum cholesterol concentration was higher when ***hGH*** was given continuously than when ***hGH*** was given as eight ***daily*** pulses. The concentration of high-density lipoprotein (HDL)-cholesterol was not influenced by intermittent GH treatment, but increased when ***hGH*** was given as a continuous infusion. The serum concentration of apolipoprotein (Apo) E increased following treatment with a continuous infusion of ***hGH***, whereas eight ***daily*** pulses of ***hGH*** had no effect. The serum concentration of ApoA-I was unaffected by ***hGH*** treatment. The serum concentration of ApoB decreased to the same degree whether ***hGH*** was given as a continuous infusion or as eight ***daily*** pulses. The serum concentration of triglycerides was not affected by ***hGH*** treatment. These results indicate that the higher serum HDL-cholesterol and serum ApoE concentrations of female rats may be due to their more continuous secretion of GH. In contrast, the effects of GH on the serum concentration of ApoB, which is not sexually differentiated, may be independent of the mode of GH secretion.

L6 ANSWER 9 OF 12 MEDLINE DUPLICATE 8
ACCESSION NUMBER: 89383346 MEDLINE
DOCUMENT NUMBER: 89383346 PubMed ID: 2779233
TITLE: Secretory pattern of growth hormone regulates steroid sulfatase activity in rat liver.
AUTHOR: Eriksson L; Nilsson B; Carlstrom K; Oscarsson J; Eden S; von Schoultz B
CORPORATE SOURCE: Department of Obstetrics and Gynecology, University Hospital, Umea, Sweden.
SOURCE: JOURNAL OF STEROID BIOCHEMISTRY, (1989 Sep) 33 (3) 413-6.
Journal code: 0260125. ISSN: 0022-4731.
PUB. COUNTRY: ENGLAND: United Kingdom
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 198910
ENTRY DATE: Entered STN: 19900309
Last Updated on STN: 19960129
Entered Medline: 19891019

AB Steroid sulfatase activity was quantified in liver microsomes from hypophysectomized adult female rats treated with estradiol and continuous or intermittent ***human*** ***growth*** ***hormone*** (***hGH***). Hypophysectomy clearly enhanced sulfatase activity as compared to intact female rats. Normal female values were completely restored by continuous infusion of ***hGH*** (1.4 i.u./kg/day). Neither the same ***dose*** of ***hGH*** given as two ***daily*** injections nor estrogen ***replacement*** ***therapy*** had any effect. It is concluded that liver microsome sulfatase activity in the non-pregnant rat is regulated by the sexually dimorphic secretory pattern of GH.

L6 ANSWER 10 OF 12 MEDLINE
ACCESSION NUMBER: 87028782 MEDLINE
DOCUMENT NUMBER: 87028782 PubMed ID: 2429792
TITLE: Treatment of growth hormone deficiency.
AUTHOR: Ranke M B; Bierich J R
SOURCE: CLINICS IN ENDOCRINOLOGY AND METABOLISM, (1986 Aug) 15 (3) 495-510. Ref: 131
Journal code: 0357424. ISSN: 0300-595X.
PUB. COUNTRY: ENGLAND: United Kingdom
Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Priority Journals

ENTRY MONTH: 198612
ENTRY DATE: Entered STN: 00302
Last Updated on STN: 19900302
Entered Medline: 19861209

AB According to the results reported in the literature and from our own experience, the following recommendations for the treatment of children with GHD can be given: In order to start GH ***replacement***
therapy in early childhood the diagnosis of GHD should be made as early as possible. The growth hormone ***dose*** during prepubertal age should not fall short of 12 IU/m2 per week. During spontaneous or induced puberty, the ***dose*** needs to be increased, possibly by a factor of two. ***Daily*** subcutaneous injections appear most suitable. Treatment with growth hormone releasing factors in cases with hypothalamic GHD, although a promising alternative to the treatment with ***hGH*** (Thorner et al, 1985), must be considered experimental at this point. Thyroxine replacement at a ***daily*** ***dose*** of 75-100 micrograms/m2 should be given in cases of secondary hypothyroidism. Glucocorticoid replacement, if required, should be given at low ***doses*** (e.g. hydrocortisone 10 (to 15) mg/m2 per day in divided ***doses***). In cases with additional gonadotropin deficiency, sex steroids (or anabolic steroids) should be given with frequent monitoring of bone maturity not before the age of 13 in girls or 15 years in boys. In boys depot testosterone starting at low ***doses*** (e.g. 50-100 mg/month i.m.) will induce a puberty-like increment in height velocity. Since the effect of oestrogens--even in low ***doses*** --on growth is uncertain, their administration before achievement of near-normal adult height should be avoided. With the advancement of diagnostic techniques and with the experience in treatment accumulated over the past 25 years, patients with GHD need no longer become dwarfs.

L6 ANSWER 11 OF 12 MEDLINE DUPLICATE 9

ACCESSION NUMBER: 83044754 MEDLINE
DOCUMENT NUMBER: 83044754 PubMed ID: 7136757
TITLE: Effect of frequency of growth hormone administration on longitudinal bone growth and body weight in hypophysectomized rats.
AUTHOR: Jansson J O; Albertsson-Wikland K; Eden S; Thorngren K G; Isaksson O
SOURCE: ACTA PHYSIOLOGICA SCANDINAVICA, (1982 Feb) 114 (2) 261-5.
Journal code: 0370362. ISSN: 0001-6772.
PUB. COUNTRY: Sweden
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 198212
ENTRY DATE: Entered STN: 19900317
Last Updated on STN: 19900317
Entered Medline: 19821216

AB The effect of frequency of growth hormone (GH) administration on longitudinal bone growth and body weight was studied in hypophysectomized rats. ***Replacement*** ***therapy*** with 3 different ***doses*** of human GH [(***hGH***) Crescormone] was started 10-14 days after hypophysectomy and was continued for 5 days. Longitudinal bone growth, as measured by the tetracycline method, and body weight were determined during the injection period. With a ***daily*** replacement ***dose*** of 128 micrograms of ***hGH*** body weight gain and longitudinal bone growth were significantly higher when the hormone was injected 4 and 8 times per day compared with animals receiving the hormone in one ***daily*** injection. When the ***dose*** of ***hGH*** was 32 or 8 micrograms per day, longitudinal bone growth and body weight gain were more pronounced in animals receiving the hormone 2 and 4 times per day compared with animals receiving the hormone one or 8 times per day. The results of the present study demonstrate that the frequency of GH administration influence body growth. The findings suggest that the secretory pattern of GH influence the growth rate under in vivo condition.

L6 ANSWER 12 OF 12 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.

ACCESSION NUMBER: 1982:158945 BIOSIS
DOCUMENT NUMBER: BA73:18929
TITLE: INTRA CAPSULAR IRRADIATION THERAPY OF CRANIO PHARYNGIOMAS WITH RADIOACTIVE GOLD INDICATION AND FOLLOW-UP RESULTS.
AUTHOR(S): KODAMA T; MATSUKADO Y; UEMURA S

CORPORATE SOURCE: DEPARTMENT OF NEUROSURGERY, KUMAMOTO UNIVERSITY MEDICAL
SCHOOL, KUMAMOTO 860.
SOURCE: NEUROL MED-CHIR, (1981) 21 (1), 49-58.
CODEN: NMCHBN. ISSN: 0470-8105.
FILE SEGMENT: BA; OLD
LANGUAGE: English

AB Of 27 patients with craniopharyngiomas, 16 were arbitrarily subjected to combined treatment of simple surgical evacuation and intracapsular irradiation with 198-Au. Follow-up studies were performed on 15 cases and they ranged from 6 mo. to 11 yr. One patient was omitted from the study because of a short postoperative period. Immediate postoperative morbidity and the endocrine functions at the end of the follow-up study were compared with those of the patient who underwent extensive surgical resection of the tumors. Intracapsular irradiation with 198-Au had satisfactory effects in the treatment of cystic craniopharyngioma, especially in recurrent cases of initially solid tumors, with respect to the preservation of the endocrine functions and the ***daily*** activity of the patients. The patients, who were followed up for over 5 yr, maintained an occupational IQ score in the normal range and the patients under school age were all able to continue their school lives. One of the female patients, who married after the treatment, was able to have 2 children without any specific ***replacement*** ***therapy***. Another patient who had shown physical retardation in childhood due to ***HGH*** [***human*** ***growth*** ***hormone***] deficiency, showed favorable results with ***HGH*** administration in comparison with cases of extensive resection. Although the dosimetric value of 198-Au should be varied according to the size and thickness of the capsule, 15 to 30 mCi of 198-Au was the appropriate ***dose*** for treatment.

=> d his

(FILE 'HOME' ENTERED AT 17:17:25 ON 02 JUL 2002)

FILE 'MEDLINE, CAPLUS, BIOSIS, EMBASE, SCISEARCH, AGRICOLA' ENTERED AT 17:18:01 ON 02 JUL 2002

L1 36627 S (HUMAN GROWTH HORMONE) OR HGH
L2 92997 S (REPLACEMENT THERAPY) OR REPLENISH?
L3 456 S L1 (P) L2
L4 122 S L3 (P) DOSE
L5 37 S L4 (P) DAILY
L6 12 DUPLICATE REMOVE L5 (25 DUPLICATES REMOVED)

=> s microsphere

L7 75372 MICROSPHERE

=> s 11 (p) 17

L8 144 L1 (P) L7

=> s 18 (p) 12

L9 0 L8 (P) L2

=> d his

(FILE 'HOME' ENTERED AT 17:17:25 ON 02 JUL 2002)

FILE 'MEDLINE, CAPLUS, BIOSIS, EMBASE, SCISEARCH, AGRICOLA' ENTERED AT 17:18:01 ON 02 JUL 2002

L1 36627 S (HUMAN GROWTH HORMONE) OR HGH
L2 92997 S (REPLACEMENT THERAPY) OR REPLENISH?
L3 456 S L1 (P) L2
L4 122 S L3 (P) DOSE
L5 37 S L4 (P) DAILY
L6 12 DUPLICATE REMOVE L5 (25 DUPLICATES REMOVED)
L7 75372 S MICROSPHERE
L8 144 S L1 (P) L7
L9 0 S L8 (P) L2

=> log y

COST IN U.S. DOLLARS

SINCE FILE
ENTRY

TOTAL
SESSION

FULL ESTIMATED COST

30.68

30.89

STN INTERNATIONAL LOGOFF AT 17:22:28 ON 02 JUL 2002